



## Application for Brazil City Employment

To be considered for employment, all sections must be completed

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Last Name:	First Name:	Middle Name:
Address:	City:	State:      Zip Code:
Telephone Number(s):	Date of Birth:	Social Security No.
Are you employed now?   Y   N      If so, may we inquire of your present employer?   Y   N		
Are You currently on "lay-off" status and subject to recall?   Y   N		
On what date would you be available to work?		
Do you have a valid Drivers License?   Y   N      Drivers license Number and State Issued:		

### Education

	Name and address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Describe any specialized training, apprenticeship skills and extra-curricular activities. State any additional information you feel may be helpful to us in considering your application.

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Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title      Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title      Supervisor			
Reason for Leaving			

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Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title      Supervisor			
Reason for Leaving			

**Please attach extra sheets if needed.**

**References:** Give the names of three persons not related to you, whom you have known at least one (1) year.

Name	Address	Business	Phone Number	Yrs. Acquainted
1.				
2.				
3.				

The information that I have provided is true and accurate to the best of my ability.

Signature \_\_\_\_\_

Date \_\_\_\_\_